PTO/SB/17 (10-08)
Approved for use through 06/30/2010, OMB 0851-0032
U.S. Peternt and Trademark Officia; U.S. DEPARTMENT OF COMMERCE

Under the Preperw	ork Reduction Act Effective on		lersons are required to	respond to a collection	spond to a collection of information unless it displays a valid CMB control number  Complete If Known			
Fees pursuent to the Consolidated Appropriations Act, 2005 pt.R. 4818).  FEE TRANSMITTAL  For FY 2009				Application Number 10/541,6				
				Filing Date Dec. 16				
				First Named Im		Moucharafieh, N.		
						n, Danielle D.		
Applicant claims small entity status. See 37 CFR 1.27					Art Unit 3771			
TOTAL AMOUNT OF PAYMENT (\$)				<b>)</b>	Attorney Docket No. 13892U		Š	
METHOD OF PAYMENT (check all that apply)  Check  Credit Card  Money Order  None  Other (please identify):								
Deposit Account Deposit Account Number. Deposit Account Number. Deposit Account Number.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINAT Small Entity Smal						N FEES Entry	Foos Paid (\$)	
Utility	33					10		
Design	22					70 -		
Plant	. 22				170	85 <sub></sub>		
Reissue	33					25		
Provisional	22	0 11	0 0		0	0		
2. EXCESS CLAIM FEES  For Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Iotal Claims For Extra Claims Fee (\$) Fee Paid (\$)  13 20 or HP = 0 x = 0  HP = highest number of total claims peed for, if greater than 20.  Indep. Claims 9 Extra Claims Fee (\$) Fee Paid (\$)  2. For HP = 0 x = 0  HP = highest number of independent claims peid for, if greater than 3.  3. APPLICATION SIZE FEE						Fee (\$) Fr 52 220 390 Authole Depond	Il Entity the (3) 26 110 195 Sent Claims Fee Paid (5)	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(0) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Patr (\$)  - 100 * /50 * (round up to a whole number) x **  4. OTHER FEE(8)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):								
SURMITTED 8Y Signature Facturia a. Chum Registration No. 28,594 Talephone 614/766-9136								
Signature Fathicia a. Cahuan (Atamayagari) 28,594							Telephone 614/768-9136	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gethering, preparing, and submitting the completed epidication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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